

8530 Commercial Way Redding, CA 96002 (888) 700-5693 FAX (530) 223-1086 530-223-5693

Application for Placement Assistance

Please Read Carefully Before Filling out application

- 1. Must be legible
- Leave NO blank spaces if it doesn't apply write N/ A
- 3. Your employment record must be completed to the best of your ability. Do not leave out any employers. Be sure there are no gaps in employment history of more than 30 days. If you were unemployed, incarecerated, in school or on public assistance, put it down.

DO NOT LIE ON THIS OR ANY OTHER APPLICATION!!!

The application will be reviewed during the first week of school. It will be reviewed with your instructor then passed on to the placement department. Remember your successful placement will be largely based upon this application, so do your best, keep it legible, and be as accurate as possible.

How did you hear about us???

Raido

T.V.

Craiglist

Internet

Newspaper

Filers

Referral

<u>APPLICATION BEGINS ON NEXT PAGE</u>

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Website: www.americancareertraining.edu

AMERICAN CAREER TRAINING

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American Career Training

Application for Placement Assistance

Date of application:					
Name:			S.S.N.		
Phone #:					
E-mail address:					
Address:					
How long at the above	address:				
Residence for the past	3 years:				
Date of Birth:	Age:	Height:	Weight:		Hair Color:
Check one: Married	Engaged	Divorced	Seperated	Single	Widowed
Number of Dependents	S:				
Name & Ages of Deper	ndents:				
In Case of Emergency	Notify				
-					
Personal References (Name:					
		 -			

Supervisor

Rate of pay

States Driven in

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YES

NO

EMPLOYMENT RECORD FOR PAST 10 YEARS

Beginning with your present or most recent job, work backwards in order, listing your employers for at least 10 years including all full & part-time employment. All time must be accounted for including military service; self-employment; school; periods of unemployment; or others.

Do not leave any gaps in time of more than 30 days.

May we contact your current and/or past employers:

Dates Employed	From:	Name	
	To:		
Phone #		Address	
Equipment		Postion Held	
Driven			
Trailers Pulled		Reason for	Voluntarily Quit:
		leaving	Terminated:

Please Explain

How many accidents

Dates Employed Name From: To: Phone # Address Postion Held Equipment Driven Trailers Pulled Reason for **Voluntarily Quit:** leaving Terminated: Please Supervisor Explain States Driven in How many accidents Rate of pay



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Dates Employed	From: To:	Name	
Phone #		Address	
Equipment Driven		Postion Held	
Trailers Pulled		Reason for leaving	Voluntarily Quit: Terminated:
Supervisor		Please Explain	
States Driven in		How many accidents	
Rate of pay			
		1	
Dates Employed	From: To:	Name	
Phone #		Address	
Equipment Driven		Postion Held	
Trailers Pulled		Reason for leaving	Voluntarily Quit: Terminated:
Supervisor		Please Explain	
States Driven in		How many accidents	
Rate of pay			



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Dates Employed	From: To:	Name	
Phone #		Address	
Equipment Driven		Postion Held	
Trailers Pulled		Reason for leaving	Voluntarily Quit: Terminated:
Supervisor		Please Explain	
States Driven in		How many accidents	
Rate of pay			
	9	-	
Dates Employed	From: To:	Name	
Phone #		Address	
Equipment Driven		Postion Held	
Trailers Pulled		Reason for leaving	Voluntarily Quit: Terminated:
Supervisor		Please Explain	
States Driven in		How many accidents	
Rate of pay			,



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Dates Employed	From: To:	Name	
Phone #		Address	
Equipment Driven		Postion Held	
Trailers Pulled		Reason for leaving	Voluntarily Quit: Terminated:
Supervisor		Please Explain	
States Driven in		How many accidents	
Rate of pay			
		1	
Dates Employed	From: To:	Name	
Phone #		Address	
Equipment Driven		Postion Held	
Trailers Pulled		Reason for leaving	Voluntarily Quit: Terminated:
Supervisor		Please Explain	
States Driven in		How many accidents	
Rate of pay		6	

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Dates Employed	From: To:	Name	
Phone #		Address	
Equipment Driven	2	Postion Held	
Trailers Pulled		Reason for leaving	Voluntarily Quit: Terminated:
Supervisor		Please Explain	
States Driven in		How many accidents	
Rate of pay			
		1	
Dates Employed	From: To:	Name	a a
Phone #		Address	
Equipment Driven		Postion Held	
Trailers Pulled		Reason for leaving	Voluntarily Quit: Terminated:
Supervisor		Please Explain	
States Driven in		How many accidents	
Rate of pay			

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Have you ever been denied a license, permit o	r privilege to operate a motor vehicle?
Yes	No
Has any license, permit, or privilege been susp	ended or revoked?
Yes	No
Have you EVER been stopped for driving while	e intoxicated?
Yes	No
Have you ever been convicted of a felony?	
Yes	No
When was the last time , if any, you used any i	llegal drug?
Date	
Have you ever been arrested by the police?	
Yes	No
Have you ever been disqualifed to drive comm of the FMCSR?	ercial vechiles according to part 391.41.e
Yes	No
If you answer yes to any of these questions, pl dates:	ease explain, state, circumstances and
	



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Pre-Application for Student Training

All information given on this application is confidential and must be true and accurate. This information must be verifiable in order for student to be accepted for enrollment.

Last Name:	First Name:	M.I.
Phone #:		
E-mail address:		
Address:		
How long at the above address:		
Previous Address:		
Date of Bi <u>rth: Age:</u>	S.S.N	
Last job of 6 months or more: Compa	any	
Mandatory Emergency Contact Pe	<u>rson</u>	
Name: Rea	lationship:	
Address:		
Phone #		



Section A:

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Yac

No

Pre- Application Questionnaire

Answer the following questions will assist us in aeras we need to discuss concerning your future as a professional driver.

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Can you read, write, and speak English?		
Are you over 21 years of age?		
Are you married?		
Can you provide a High School Diploma		
Do you have children		
Are you a citizen of the United States		
Do you have a current and valid California Driver License?		
Section B:	Yes	No
Have you ever had any traffic light citations in the last 3 years?		
Have you had any accidents in the past 3 years?		
Has your driver's license ever been suspended or revoked?		
Have you ever had a DWI or a DUI? If yes, When: Month: Year.		
Have you ever been arrested for any narcotic charges?		
Do you have felonies or misdemeanors?		
Have you ever held a commercial license?		
Do you have any physical or mental disabilities at this time?		
Are you currently on any medications?		
Do you wear any hearing apparatus?		
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Do you have any eyesight impairments or colorblindness?		



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Is there a reason you cannot verify your past employment history for 10 years?	
Have you ever been fired from a past employer?	
Have you ever been injured on the job or received workers comp.?	
Is there any reason you cannot be away from home for extended periods 3 to 4 weeks?	
Have you ever been on Probation or Parole?	
Please give an explanation to each item you answered	d yes to in section B.
I certify that I have answered the above questions trut of my knowledge.	hfully and to the best
Signature Date	